



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Family Health Division**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	June 13, 2016
<b>SUBJECT/REPORT NO:</b>	Child and Adolescent Services Budget (BOH16025) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Kathy de Jong (905) 546-2424, Ext. 3697
<b>SUBMITTED BY &amp; SIGNATURES:</b>	Jennifer Vickers Manzin, BA Psych, BScN, RN, Med Director, Family Health Division Public Health Services Department  Dr. Ninh Tran, MD, MSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services Department

**RECOMMENDATION**

- (a) That the Board of Health approve the 2016/17 Child and Adolescent Services budget, which is 100% funded by the Ministry of Children and Youth Services, as outlined in the report BOH16025; and,
- (b) That the Medical Officer of Health be authorized and directed to receive, utilize and report on the use of these funds.

**EXECUTIVE SUMMARY**

Child and Adolescent Services (C&AS) is an outpatient children’s mental health service. C&AS serves Hamilton children and youth from birth to 18 years of age with emotional and/or behavioural problems, and their families.

C&AS is intended to be 100% funded by the Ministry of Child and Youth Services (MCYS). However, annual salary increases and no increases to the base budget continue to create pressures. In the past, we have eroded operating lines to offset these increases. To stay within 100% funded Ministry cap, we are recommending

continuing to maintain service through continued staffing leave of absence and utilizing existing revenue from the recoveries contract to fund the equivalent of 0.24 FTE clinical therapist (\$26,353).

In 2014, the Province of Ontario mandated a mental health transformation to inform Children’s Mental Health Services in the City of Hamilton. We anticipate transformation coming in 2018 and want to maintain service until that time.

Each year C&AS has a provincial target to service 1,020 new families. The number of families C&AS services each year is variable and dependent on several factors. Continuous quality improvement efforts enable us to achieve small gains in order to maintain service levels.

**Alternatives for Consideration – See Page 4**

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)**

**Financial:**

Ministry of Child and Youth Services (MCYS) Funding	2014-2015		2015-2016		2016-2017	
	Annual Budget	FTE	Annual Budget	FTE	Annual Budget	FTE
C&AS Child and Youth Mental Health Services	2,086,208	18.08	2,086,208	17.56	2,086,208	17.32
Young Offenders Services	139,381*	1.12	149,381**	1.08	24,430*** (BOH16013)	1.08***
Recoveries	163,620	0.6	260,583****	0.6 No longer funded (BOH16013)	80,460*****	0.24
<b>Total</b>	<b>2,389,209</b>	<b>19.80</b>	<b>2,496,172</b>	<b>19.24</b>	<b>2,191,098</b>	<b>17.56*****</b>

\* One-time additional funding of \$30,000 from MCYS was provided to offset pressure related to psychiatric assessments.

\*\* One-time additional funding of \$40,000 from MCYS was provided to offset pressure related to psychiatric assessments.

\*\*\* Per BOH16013: 2/12 funding for extension of contract till May 31, 2016/ 1.08 FTE funded only until May 31, 2016

\*\*\*\* Actual revenues for 2015/16;

\*\*\*\*\* Forecasted budget for 2016/17 based on March 31, AFR

\*\*\*\*\* 2016/17 FTE after May 31, 2016

The recoveries budget has included payments from the Ministry of the Attorney General for fee-for-service assessments. For this year, funds in the recoveries budget will support the maintenance of 0.24 clinical therapist FTE, payment for any related court ordered psychiatric assessments and staff training.

As funds are limited, we anticipate bringing a report for 2017/18 C&AS budget which may require a decision as to whether Council wants to continue to maintain service levels until the system transformation details are known.

**Staffing:** To stay within 100% funded Ministry cap a 0.24 clinical therapist FTE will be maintained through the recoveries budget and there will be continued approval of staff leave of absence (LOA) for one more year.

**Legal:** C&AS has a contract with the Ministry of Children and Youth Services to provide programs and services to children and youth aged birth to 18.

### **HISTORICAL BACKGROUND (Chronology of events)**

In 2015/16, there was an overall reduction of 0.52 FTE in the C&AS' Ministry budget (this represented an increase of 0.04 program secretary and a 0.56 reduction in clinical therapist FTE). No layoffs occurred due to sufficient unpaid leave of absence days. There was also a continuation of a 0.6 FTE in the Recoveries Budget in order to preserve service levels (BOH15016).

### **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Not Applicable

### **RELEVANT CONSULTATION**

Finance and Administration has been consulted regarding the preparation of the budget. The report was reviewed by the Manager, Finance and Administration, who provided review of financial figures.

### **ANALYSIS AND RATIONAL FOR RECOMMENDATION (Include Performance Measurement/Benchmarking Data if applicable)**

Each year C&AS provides counselling services to approximately 1,020 new families. The mandate of C&AS is to provide high quality, evidenced-based clinical services to children (birth to 18 years of age) and their families. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural

*OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.*

*OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.*

*OUR Values: Accountability, Cost Consciousness, Equity, Excellence, Honesty, Innovation, Leadership, Respect and Teamwork*

problems. These issues include parent/child conflict, aggression, bullying, anxiety disorders, conduct problems and serious emotional concerns such as depression and suicidal thinking or gestures. C&AS also works with adolescent sexual offenders and children and youth who have set fires. Family issues such as domestic violence, parental conflict and separation and divorce are common concerns. Many of these clients must also cope with social concerns such as the lack of sufficient housing.

Mental health issues are a significant concern for children and youth in Hamilton, as they are across Ontario. The services provided by C&AS are highly valued by families, and can vastly improve the life trajectory of those served.

The number of families C&AS provides service to each year is variable and dependent on: the number of families referred; the length of time each family requires services; staffing levels and the length of wait to services. As staffing levels decline, through approved LOAs, there is a concern about C&AS' ability to provide services to all families referred in a timely fashion. In 2015/16, this was achieved through recent changes to C&AS' Quick Access Clinic. The Quick Access Clinic is a single session therapeutic model and serves as the entrance point to clinic services. From this point clients may be referred into further and ongoing services if clinically indicated. A third Quick Access Clinic time was added to the roster and service delivery options were modified to allow clients to return for single sessions. This addition enabled us to provide services to families while they are on the wait list. Our plan is to continue to monitor the impact of the staffing changes on service delivery in order to identify opportunities for efficiencies and report back any challenges in maintaining service delivery.

The Province of Ontario has mandated a mental health transformation and C&AS is a part of this process. In conjunction with the lead agency, the manager of C&AS has regular participation in the process that will inform Children's Mental Health Services in the City of Hamilton. The overall objective of this process is to ensure that service delivery across the Province will be consistent and that children and families will have access to the same services regardless of where they reside in Ontario.

The proposed changes in this report are intended to make the best use of available funds, minimizing the impact service levels for the next fiscal year, until the Province completes the process of the Mental Health Transformation.

## **ALTERNATIVES FOR CONSIDERATION**

**(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)**

The Board of Health approve ongoing funding of the 0.24 clinical therapist FTE from the net levy.

**Financial:** Net levy impact of \$26,353.00.

**Staffing:** Maintenance of staff complement beyond 2016/17 year.

**Legal:** No legal implications.

**Policy:** No policy implications.

While this alternative is not recommended at this time, we do think it is an important consideration for 2017/18.

## **ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN**

### **Strategic Priority #1**

A Prosperous & Healthy Community

*WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.*

### **Strategic Objective**

1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents

## **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable